QISMET

Quality Institute for Self Management Education & Training

THE QIS 2020 Quality Standard

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Contents

Introduction

By Phil Baker, QISMET Chair

QISMET is an independent not-for-profit body. It was created in 2008 as a result of the shared recognition of self-management organisations across the statutory and voluntary sectors that national quality standards and approval of organisations to those standards were essential to secure the quality and consistency of service provision across the UK.

On behalf of QISMET, I am delighted to introduce QIS2020 – the national Quality Standard for self-management programme providers.

This is a revised version of a Standard originally produced in 2015 incorporating the latest thinking on what makes an excellent self-management programme. It covers all types of programme based on a variety of means of delivery, including digital, app-based, telephone, coaching, and group-based.

This Standard also replaces our diabetes-specific standard called the Diabetes Self-Management Education (DSME) Standard. This was solely for group-based diabetes programmes, originally published in 2011. It was felt that a stand-alone Standard just covering these types of programmes was no longer required as we move into a world of universal personalised care.

Development of this Standard has been undertaken to ensure an appropriate mechanism exists to safeguard high quality provision of structured self-management programmes of all types as the demand for them grows in response to government health policies and the needs of commissioners.

The QISMET ethos, that people living with long term conditions must be at the heart of any health and care initiative which is proposed for them, has been embedded in every element of this Standard.

Above all, QIS2020 is a practical tool with clear, observable and measurable requirements. It enables providers to benchmark themselves against good practice and, by being accredited by QISMET against the Standard, to demonstrate they are providing a high quality service and seeking to continually improve.

Commissioners are increasingly looking for, and relying on, accredited providers who can demonstrate the required outcomes. QISMET accreditation against QIS2020 affords both commissioners and providers of self-management support the most effective way to demonstrate that the management and delivery of structured programmes are of a high quality.

Independent external verification – which as an auditing body QISMET provides via its unique skills, expertise and accreditation process – undoubtedly provides greater benefits than either self-assessment or peer review of quality assurance.

It is worth noting that in some areas commissioners have required providers to achieve QISMET accreditation as a part of the commissioning process, recognising that this is a practical and positive lever for attaining high quality self-management support services provision locally.

Requirements in the Standard explicitly address evaluation of outcomes, continual learning and improvement, which mean that QIS2020 provides a mechanism which will significantly accelerate the improvement in the quality of health management and behaviour change programmes available to people living with – or at risk of developing – a long-term condition in succeeding years.

The development of QIS2020 has been made possible by the collaboration with and involvement of a wide cross section of the self-management community and we would like to acknowledge all those who have freely contributed their valuable time, expert knowledge, guidance and advice.

Scope and overview of this Quality Standard

This Quality Standard is for providers of all types of structured self-management programmes, **except for items of equipment or websites with unstructured access on their own.** The key requirement of the Standard is that the programme is delivered as part of a structured care pathway for the participant.

It should be noted that QISMET has one other separate specialist Standard with a more focused scope. This is for SMRC (formerly Stanford University) licensed lay-led group programmes, called Stepping Stones to Quality or SS2Q 2017. Details of it can be found on our website www.qismet.org.uk

As this Standard covers all types of self-management programmes, there are specialist sections within it that relate to the specific needs of providers of two types of programmes. The requirements in these special sections only apply to those providers who fall within the following definitions.

Firstly, there are specific requirements for providers of digital (app, on-line or web-based) programmes.

Secondly, where facilitators, trainers, coaches or tutors are used to interact directly with participants, then there are also specific requirements for them. This may be in 1-to-1 or group-based situations.

There will be some providers where both of these sets of requirements are applicable; for others it may just be the one set of requirements.

The Standard contains 4 overarching topics or themes. These are:

- **Theme 1 – Management**. This covers the management and organisational elements of the provider with regard to the delivery of the programme: for example how it is structured, managed and has effective processes

- **Theme 2 - The programme itself.** This deals with its aims and ethos, and how it is designed, planned, delivered and developed. There must be clearly defined outcomes for participants that are linked to the programme's aims.

- **Theme 3 – Special requirements** *(these only apply to those that do the following: it should be noted that neither, one or both could apply depending on the circumstances)*
  (a) Providers of digital programmes: These extra requirements are only required to be met if the programme uses an app or is on-line/web-based.
  (b) Facilitators: These extra requirements are only required to be met if facilitators (trainers, coaches or educators) are used to personally <u>deliver</u> all or part of the programme. It covers how they are recruited, trained, assessed and supervised. It does not include people that 'introduce' participants to a programme: for example informing them about its existence or helping them to register.

- **Theme 4 – Continual performance improvement**. This covers how performance in providing the programme is managed, monitored, evaluated and improved.

Each theme contains specific detailed requirements. These are all mandatory for accreditation and must be met except for Theme 3 as indicated above.

The term 'provider' is used throughout the Standard. It relates to the organisation and its infrastructure (people, resources and processes) used to deliver a programme. It can be a whole organisation, in the case of an entity that just delivers a programme; or just one part of an entity which also carries out other functions. For a full glossary see Section 5.

The Standard can either be used as a good practice guide by those starting out who want to develop a self-management programme; or for those who already have one and wish to apply for accreditation; these are the requirements that have to be met in order to be accredited by QISMET.

QISMET accreditation

QISMET provides an accreditation service to providers.

Accreditation (sometimes referred to as certification) is the formal approval by QISMET of a provider against the requirements of a Quality Standard such as this one. It requires a desktop review of documents followed by a site visit to check that all the requirements have in fact been met.

This site visit may in some circumstances be virtual, and involve interviews carried out by Skype or phone calls. It is an in-depth analysis of all relevant activities of the provider that provides a deep level of assurance of the quality of their output. The provider must have already delivered the programme successfully a number of times in order to achieve accreditation.

QISMET accreditation is available to all present providers of a programme against this Standard. Please note that it is the provider and their management system that is accredited for the delivery of a particular named programme, not just the actual programme itself.

Full details of the accreditation process and how to prepare yourself for it can be found on our website, www.qismet.org.uk

The QIS2020 Quality Standard

Theme 1 – Management

This theme covers the management and organisational elements of the provider with regard to the delivery of the programme. This deals with how the provider is set up, structured and managed, including its processes and procedures.

Requirements:

1. Management of programme provision

a) The provider has a documented management structure, with designated suitably qualified individuals having the defined responsibility for undertaking the management, organisation and administration of the programme.

b) Information about the programme for potential participants and commissioners is accurate, updated regularly, and easily accessible to and understandable by both.

2. Access to the programme

a) Any special needs of participants are identified beforehand and met where possible.

b) Records are kept of data relating to participants in the programme, and this is used to help assess the appropriate equality of access to it, with action taken to improve access if needed.

3. Referrals of participants

a) Any referrer of potential programme participants is made aware of the content and philosophy of the programme that they are referring to, so that referrals are appropriate for the person and the programme.

b) All referrers are informed of an individual's participation in the programme afterwards, so that future care delivery can be congruent with the programme's content and philosophy.

4. Procedures and record keeping

a) Written procedures describe what shall happen in the delivery of the programme. They are clear, kept up-to-date and made easily accessible to all those that need to use and understand them. Procedures are followed by people.

b) All records required by this Standard are accurate, kept up-to-date, legible and accessible.

c) The relevant legal and NHS-specific requirements with regards to personal data and information management are understood and complied with.

5. Dealing with complaints

a) There is an internal procedure for dealing with complaints from any source which is made available to all people within the provider. It includes timescales for taking action.

b) There is an external simple documented process which is made available to all participants that describes how they can make a complaint.

c) Records are kept of complaints including the timescales achieved, the outcomes and actions taken.

Theme 2 – The Programme and its delivery

Theme 2 deals with the programme itself – its aims, ethos, and how it is designed, planned, delivered and developed. The materials used during delivery need to be properly designed, developed and used. There must be clearly defined outcomes for participants that are linked to the programme's aims.

Requirements:

1. Aims, ethos and design

a) The provider has a written statement that describes the person-centred ethos of the programme. This is shared with all people within the provider, commissioners and participants.

b) The programme has documented aims and a clearly defined target population, and is based on educational theories and a sound evidence base. The programme must have a defined desired positive impact on outcomes for the participants in at least one of: knowledge, self-efficacy, bio-medical measures, health beliefs, health-related behaviours or well-being.

c) The programme is designed to ensure that participants are supported in setting their own goals and where appropriate develop their own action plans.

d) Healthcare information contained in the programme is current and reliable, including information for treatments, medicines and devices.

2. Piloting

a) The programme has been piloted and evaluated against its stated aims and desired outcomes, and any necessary changes made so that it meets these aims and outcomes.

3. Delivery

a) The programme is delivered in accordance with its stated aims, ethos and procedures, and as part of a structured care pathway for the participant.

b) Participation in the programme is voluntary – individuals cannot be forced to use it.

c) If venues are used for delivery of the programme:
- There are defined documented criteria for the suitability of venues to be used, including accessibility
- These criteria are used to assess the proposed venue before the first delivery of a programme there
- Compliance with the criteria is regularly checked, with records kept of the checks
- All venues used meet these criteria

- Records are kept of the venue used for each programme delivery, the programme delivered, the names of participants present and any facilitators involved in delivery at that venue

d) There is a procedure for dealing with emergencies during programme delivery which all relevant staff are trained in.

e) The programme uses a range of teaching and learning methods and materials that are appropriate and relevant to the age, learning needs, cultural and ethnic background of the target population, so that individual learning styles can be accommodated where feasible.

f) Any information or materials used in delivery are clear, regularly reviewed for accuracy and updated appropriately as required: only up-to-date materials are used. All written material in use is dated and/or revision numbered. Following any changes to the material, all obsolete versions of the material are withdrawn from use.

5. Programme review and improvement

a) The programme and its delivery are continually improved. They are formally reviewed biennially, incorporating feedback from participants and facilitators, evaluations and any new research evidence about relevant conditions. Improvements are identified from this review and implemented

b) Within 1 month of this review, all facilitators are informed about any improvements made.

c) Records are kept of these reviews, including any improvements identified and actions taken after them.

Theme 3 – Extra requirements for programmes delivered digitally or by facilitators

The following sets of requirements apply as follows. It should be noted that neither, one or both could apply depending on the circumstances.

3.1 Providers of digital programmes: These requirements are only required to be met if the programme is an app, digital or on-line/web-based.

3.2 Facilitated delivery: These requirements are only required to be met if facilitators (trainers, coaches or educators) are used to personally <u>deliver</u> all or part of the programme. It covers how they are recruited, trained, assessed and supervised. It does not include people that 'introduce' participants to a programme: for example informing them about its existence or helping them to register.

Requirements:

3.1 Providers of digital programmes

3.1.1 Design

a) The programme meets all relevant requirements and standards for data security, such as the NHS Data Security and Protection Toolkit or ISO 27001.

b) The design incorporates support for participants with disabilities such as visual impairment.

c) Participants are offered help with signing up if they require it.

d) Participant requirements for engaging with the programme are clearly defined and are appropriate for the target population.

3.1.2 Delivery

a) A clear statement of the abilities needed to access the programme is provided in advance to potential participants (for example 'able to read/understand spoken English; able to use a computer'), and what issues or disabilities would debar use (for example. 'unable to understand spoken English; unable to use a computer due to visual, physical or mental impairment').

b) The hardware and software requirements for the programme are clearly defined and do not provide barriers for use by the target population: appropriate channels for delivery of the programme are supported as needed by participants, which may include desktops and mobile devices.

c) The programme is hosted through appropriate infrastructure that ensures security and availability.

d) Where the programme includes input from facilitators, they meet the requirements of 3.2 below

e) Where the programme includes peer interactions, these are appropriately moderated.

f) Programme usage is monitored and records are kept of progress, completion and attrition.

g) There is regular review of usage data and this is used to improve the programme to increase uptake, use and completion.

3.2   Facilitated delivery

3.2.1 Recruitment of facilitators

a) There is a recruitment procedure for new facilitators that meets all legal requirements.

b) The necessary competencies, experience and/or qualifications to be a facilitator for the programme are defined and recorded in person specifications and/or role descriptions and they are used in the recruitment process.

c) New facilitators are given a comprehensive induction which includes an introduction to the provider, their specific role in the programme provision and the relevant policies and procedures, and which takes into account any previous relevant experience.

3.2.2 Training of facilitators

a) There is a training procedure and all facilitators used to deliver the programme have been trained in accordance with it.

b) Facilitators have received initial training that includes the programme's ethos, aims, content, process and delivery skills required.   This training uses approved materials, takes place with a defined curriculum, and is undertaken by suitably qualified and experienced trainers.

c) As part of the initial training process, new facilitators first observe delivery of the programme, and then are observed delivering the programme by a suitably qualified facilitator, in order to assess their competencies in practice.

d) Written feedback is given to new facilitators after this observed delivery and any necessary improvements are made as a result of this feedback.

e) There is a process for supporting newly trained facilitators until they are deemed fully competent.

f) The ongoing training needs of facilitators are identified, and training or other learning opportunities are provided in order to improve their competency within a process of continuous development.

g) Records are kept of all relevant training undertaken by facilitators.

3.2.3 Evaluation and appraisal of facilitators

a) There is a procedure for the ongoing evaluation of the performance and competence of facilitators, the results of which are fully documented.

b) The procedure sets out the process to follow where an observation/evaluation demonstrates that a facilitator does not meet the required performance or competence levels including:
- Details of circumstances which will result in limitations on the facilitator delivering the programme until re-evaluated/observed and deemed competent
- A requirement that a written improvement plan is produced which includes timescales for follow-up evaluation/observations of performance
- A requirement that a copy of the improvement plan is given to the facilitator for their own personal practice and training record.

c) Each facilitator receives an annual appraisal of their competence and performance as a facilitator. This identifies any necessary improvements. The provider ensures that appropriate action is taken, including any learning opportunities.

d) Records are kept of observations, evaluations and appraisals.

e) Feedback from programme participants about facilitators forms part of the evaluation and appraisal process.

Theme 4 – Continual performance improvement

Theme 4 deals with how performance in providing the programme is **monitored** *(checking what has been done)*, **evaluated** *(analysing the monitoring results)* and **improved** *(using this information to decide what and how to do things better, then making sure that this happens)*. It is essential that providers understand how well they are doing, learn from this and continually improve the programme's effectiveness.

This process starts with having clear aims for the programme (see Theme 1). Certain important things need to be measured so that providers know whether they are meeting theses aims. These are called the **Key Performance Indicators** (KPIs).

KPIs may be set by a commissioner, the provider or both. KPIs can relate to **outputs** *(the number of activities undertaken)* and/or they can be about **outcomes** *(what the programme has achieved for participants)*. Other indicators, data and information may also be collected in order to help understand how effectively the programme is being provided.

Monitoring of KPIs and other data must be undertaken using a defined procedure, and the results must be understood, evaluated and used for continual improvement in effectiveness. It could mean the provider changing what they do and/or how they do it. This is continual performance improvement.

Requirements:

1. Outcomes, outputs and key performance indicators

a) There are clearly defined desired outcomes for participants and outputs for the programme, which are based on and reflect its aims.

b) Key performance indicators (KPIs) for all the important desired outcomes and outputs are defined. Targets are set for them where appropriate.

2. Monitoring and evaluation

a) There is a procedure which defines: the monitoring and evaluation to be undertaken by the provider against its stated aims and desired outcomes and outputs; the metrics/data to be collected during and after each usage of the programme; the feedback to be collected from participants (see paragraph c) below), and when and how the data is collected, recorded, analysed and used for improvement.

b) All KPIs are regularly monitored. Other indicators of performance may also be monitored. KPI targets, where set, are usually met by the provider – where they are not met then improvement action is taken (see 3 below).

c) Feedback is sought from all participants at appropriate intervals about their perceptions of quality of service provision. This feedback should be related to the aims of the programme, including where appropriate a sample of those that drop out or do not complete the whole programme.

d) Where facilitators are used, feedback is obtained from them after each programme delivery.

e) The results of monitoring (including feedback) are recorded, evaluated and analysed.

f) All monitoring and reporting requirements of referral agencies and commissioners (if any) are met.

3. Improvement

a) The results of all monitoring, evaluation and analysis described above are used to improve the effectiveness of the programme provision. This is particularly important where targets are not met.

b) Complaints and suggestions are used to improve provision.

c) Improvement is undertaken by defining the actions required with deadlines for them. Action is then taken within those deadlines and recorded.

d) Checks are made on whether actions have been taken and improvements have resulted.

Glossary of terms

Accreditation (also known as certification) – Formal recognition by QISMET of compliance by a provider with the requirements of a Quality Standard

Aims – What the programme sets out to achieve

Audit - A systematic review to determine whether agreed requirements have been met

Care pathway - A way of setting out a process of best practice to be followed in the treatment of a person with a particular condition or needs *(source: Age UK)*

Evaluating - Analysing the results of monitoring

Facilitator - A person who personally delivers all or part of programme to a participant (also called a trainer, tutor, coach or educator). Not all programmes have facilitators

Key performance indicator (KPI) - A critical measurement of performance that relates to desired outputs and/or outcomes

Materials – The physical resources used during programme delivery

Monitoring - Checking what has been done

Outcome - The changes, benefits, learning or other effects that happen as a result of programme provision, such as improvement in wellbeing for participants

Output - The amount of activities undertaken, such as the number of participants using a programme

Participant - Someone accessing or using a programme.

People - The staff and/or volunteers that manage and deliver the programme

Person-centred – An approach to working with participants which puts their needs and aspirations firmly at the centre of the process

Policy - A document that provides an overview and statement of principles in a specific area

Procedure - A written description of how a process or activity is carried out

Programme - *See below under Self-management Programme*

Provider - the organisation and its infrastructure (people, resources and processes) used to deliver a programme. It can be a whole organisation, in the case of an entity that just delivers a programme; or just one part of an entity which also carries out other functions.

QISMET – (Quality Institute for Self-Management Education and Training) The independent organisation created to develop standards and accreditation processes to ensure that people living with long term conditions have access to high quality self-management education and training services delivered by a plurality of accredited providers working within the agreed quality standards

Quality Standard - a documented set of requirements that specify good or best practice

Self-management – the actions individuals and carers take for themselves, their children, their families and others to stay fit and maintain good physical and mental health; meet social and psychological needs; prevent illness or accidents; care for minor ailments and long term conditions; and maintain health and wellbeing after an acute illness or discharge from hospital *(source: Department of Health)*

Self-Management Programme – Any systematic and structured external action which supports people to positively change their behaviour in relation to their health and/or wellbeing